MEDICAID MEMO

TO: All Enrolled Providers for Elderly or Disabled with Consumer Direction (EDCD) Waiver Participating with Medicare-Medicaid Plans (MMPs) for Commonwealth Coordinated Care (CCC)

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 10/13/2015

SUBJECT: Notification That KEPRO Will Accept Mass Volume Requests to Change Authorizations from Atypical Provider IDs (APIs) to National Provider IDs (NPIs) – *Effective Immediately*

The purpose of this memorandum is to notify Elderly or Disabled with Consumer Directed (EDCD) waiver providers that KEPRO will now accept requests for transferring fee for service authorizations under APIs, to the provider's NPI. This can now be done quickly and efficiently. DMAS, Xerox, and KEPRO have worked collaboratively on this effort.

Effective October 1, 2015, EDCD providers submitting authorization requests to MMPs for Commonwealth Coordinated Care (CCC) members must submit their requests with an NPI.

Providers who have current authorizations at KEPRO under their API, and who want to change their existing fee for service EDCD waiver service authorizations to their NPI, may now submit all of their cases to KEPRO at one time. **Changing from an API to an NPI for fee-for-service authorizations is not required.** Providers may continue to receive authorizations under their API numbers for fee-for-service.

Requesting and Reviewing EDCD Requests for Large Volume Transfers at KEPRO
Providers are to contact KEPRO at 1-888-827-2884 for transferring all of their API authorizations to NPI authorizations. KEPRO will send the provider an electronic spreadsheet to complete.

The volume of cases to be transferred must be equal to or greater than 10 cases. Requests for less than 10 cases must be submitted individually through Atrezzo.

There will be no medical necessity review for these large volume transfers, as they have already been reviewed for medical necessity.

In addition to the member's name, Medicaid ID number, API and NPI, providers must also request the future start date for the new authorizations under the NPI. All authorizations for the new NPI must start on the same future date. The end date will be pulled from the existing authorized segment.

Providers must assure that the new NPI start date begins after the API end date. If dates requested under the NPI overlap with dates on existing API authorizations, the transfer will not occur.

Providers billing for dates of service under their API must use the API on claims submission. Providers billing for dates of service under their NPI must use the NPI on claims submission. Failure to do so will prevent claims from paying appropriately.

Transfers from API to NPI will be completed one time – once a provider has transferred from API to NPI, they cannot request for KEPRO to change the authorizations back (NPI to API).

The requests will be processed as follows:

On the existing (API) authorized segment, the service authorization start date will remain the same. The MMIS will auto close the end date to the day before the new service authorization starts under the NPI.

On the new (NPI) authorized segment: the start date will be the date the provider requests the authorization to begin in the future for the new ID number. The end date will be pulled from the existing authorized segment. Providers will receive a letter generated from this transfer. The Action Reason code will be 1015, and states: APPROVAL IS CONTINGENT ON MEMBER HAVING FEE FOR SERVICE ELIGIBILITY FOR DATES AUTHORIZED. DATES AND/ OR UNITS CHANGED HOWEVER SERVICES NOT REDUCED.

Example: Provider requests start date under NPI for October 1, 2015

Existing segment under API	4/2/2015 – 3/31/2016	This segment will be auto-closed 9/30/2015. Units will remain the same
New segment under NPI	10/1/2015 – 3/31/2016	Pulled end date from existing segment to keep authorized end dates dispersed evenly across the calendar year. Units remain the same.

For questions and concerns regarding your large volume requests to transfer, contact KEPRO at 804-827-2884.

COMMONWEALTH COORDINATED CARE
Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS
Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL
DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"
The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273   Richmond area and out-of-state long distance
1-800-552-8627   All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.